



INSTRUCTIONS FOR COMPLETING
**OPEN WINDOW OPPORTUNITY APPLICATION FOR
APPLIANCE REPAIR SPECIALTY ELECTRICIAN
TEMPORARY PERMIT AND EXAMINATION**

APPLICATION MUST BE RECEIVED BY JUNE 30, 2006

This is the application form for the Washington State temporary appliance repair specialty electrician permit and appliance repair specialty electrician's examination as described in WAC 296-46B-940 (28) and 296-46B-950. To avoid delays in the processing of your application, please ensure that you have included all of the items required in the list provided below. Applications received without all the requested information will be denied. You must:

- Complete the entire application including the work history portion.
- Date and sign the application in the **Applicant's Signature** block.
- Include the appropriate fee (see below). Make checks payable to: **Department of Labor and Industries**
- Supply **notarized** verification of your previous work experience showing you meet the minimum 2,000 hour requirement for certification as listed in WAC 296-46B Table 945-1 on the **Affidavit for Previous Experience In Appliance Repair Specialty** form completed by your employer or your employers authorized representative. If you are self verifying you must complete the affidavit as described and provide a photocopy of your Unified Business License.

FEES (Open Window Application for Appliance Repair Specialty Electrician Temporary Permit & Examination):

Specialty electrician application fee:	\$75.60
Temporary specialty electrician permit fee:	\$23.40
TOTAL FEE DUE WITH APPLICATION:	\$99.00

NOTES:

For the Appliance Repair (07D) specialty your experience must have been obtained prior to June 30, 2005.

Allow at least 4 - 6 weeks processing time under normal circumstances.

When your application has been approved we will send you an approval letter with the necessary contact information for the testing agency. Do not contact LaserGrade until you get your approval letter from the department.

A separate fee for the specialty electrician examination must be paid directly to the testing agency. You will be responsible for scheduling your examination with the testing agency.

You may obtain the electrical laws and rules chapter 19.28 RCW, 296-46B WAC and information regarding the examination, including testing outlines, on the electrical website listed in the upper left hand corner of this application.

When you successfully pass the examination the department will mail your specialty electrician certificate to you in approximately 4 weeks.

Refer to WAC 296-46B-950 Table 950-1 for additional information on applying previous work experience credit gained using this application toward journeyman certification.

You must pass the appliance repair specialty electrician examination by the date your temporary specialty electrician permit expires to continue working in the electrical trade unless you obtain an electrical training certificate (see RCW 19.28.161). When the temporary permit expires you **will not lose** your eligibility for the examination and you can continue taking it until you pass it.

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE TUMWATER L&I OFFICE AT (360) 902-5269.

MAIL APPLICATION AND FEE TO:
 Department of Labor and Industries
 Electrical Licensing & Certification
 PO Box 44460
 Olympia, WA 98504-4460
 www.Lni.wa.gov



OPEN WINDOW OPPORTUNITY APPLICATION FOR APPLIANCE REPAIR SPECIALTY ELECTRICIAN TEMPORARY PERMIT AND EXAMINATION

APPLICATION MUST BE RECEIVED BY JUNE 30, 2006

Mail a check or money order payable to the Department of Labor and Industries for \$99.00

NOTE: A separate fee for administering the examination must be paid directly to the exam contractor.

Application fee	\$75.60
Temporary permit	<u>\$23.40</u>
TOTAL DUE	\$99.00

Name (Last name, first name, middle initial)			Birth Date
Mailing Address			Social Security Number
City	State	Zip Code	Daytime Phone (Include area code)

I am applying for an Appliance Repair specialty electrician temporary permit & examination (see WAC 296-46B-920 for scope-of-work details.)

Have you previously been a certified electrician or trainee with this agency? ☐ Yes ☐ No

Is this your first application for an electrician exam or certificate with this agency? ☐ Yes ☐ No

- All applications and documents submitted become the property of the Department of Labor and Industries. Include the proper fees and a notarized Affidavit for Previous Experience in Appliance Repair Specialty with your application.
- To qualify for the appliance repair specialty exam, you must file affidavits verifying that you meet the 2,000 hour minimum eligibility requirements listed in WAC 296-46B Table 945-1.
- Keep informed about the electrical industry by joining the electrical listserv so you can receive automatic e-mail notices from the department. Visit our electrical website at the address listed in the upper left hand corner of this application.

Employment History

Name of employer	Date From	Date To
Address	City	State Zip Code
Position—Job Duties		

Name of employer	Date From	Date To
Address	City	State Zip Code
Position—Job Duties		

I have read the appliance repair scope of work and understand that I will be tested on the entire scope of work detailed under that specialty. I declare under penalty of perjury under the laws of the state of Washington that the forgoing is true & correct

Date	Applicant's Signature
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This section for departmental use only

Approved?	Effective Date	Expiration Date	<input type="checkbox"/>	Specialty Code	Certificate number
<input type="checkbox"/> Yes	mo day year	mo day year	H status		
<input type="checkbox"/> No	Denial Reason Code		<input type="checkbox"/>	Processors Initials	Date Processed
			U status		



AFFIDAVIT FOR PREVIOUS EXPERIENCE IN APPLIANCE REPAIR SPECIALTY

APPLICATION MUST BE RECEIVED BY JUNE 30, 2006

I, _____ **affirm**
PRINT name of Employers Authorized Representative (i.e.: Owner, Supervisor, Manager)

and certify that _____
PRINT name of Applicant _____
Social Security Number

has worked for _____
PRINT name of Employer/Company _____
UBI Number

from _____ **to** _____
Month Day Year Month Day Year

performing electrical work in the Appliance Repair category for a total of (enter the number of hours worked)

- See WAC 296-46B-920 for details on scope-of-work in the electrical specialties. All training hours must be submitted in the proper category.
- Forms will not be accepted if they contain errors, white outs, alterations or additions because this is a legal document.
- **For the 07D appliance repair specialty your experience must have been obtained prior to June 30, 2005.**

Hours _____ **Category**
(07D) Appliance Repair

I hereby certify that the statements on this affidavit are true and accurate. I further state that I have read and understand the scope of work in WAC 296-46B-920 for the appliance repair specialty and this employee did perform those duties.
(See chapter 19.28 RCW and chapter 296-46B WAC for penalties for false statements or material misrepresentations.)

Date:	Signature of Employers Authorized Representative
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SIGNATURE MUST BE NOTARIZED

NOTARY
SEAL

SUBSCRIBED AND SWORN TO BEFORE ME ON	MY COMMISSION EXPIRES ON:
DATE:	
NOTARY PUBLIC IN AND FOR THE STATE OF:	RESIDING AT:

NOTARY SIGNATURE _____

Approved?	Reason Code	# Hours Submitted	# Hours Denied	# Hours Approved	Initials	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No						